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Appln No. 10/645,863; Filing Date: August 20, 2003; Attorney ref. 29191-707.201; Jonathan C. Heller

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PTO/SB/21 (09-04)

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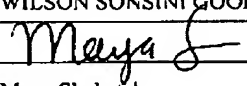
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/645,863
		Filing Date	August 20, 2003
		First Named Inventor	Jonathan C. Heller
		Art Unit	1631
		Examiner Name	Eric S. Dejong
Total Number of Pages in This Submission	2	Attorney Docket Number	29191-707.201


ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	WILSON SONSINI GOODRICH & ROSATI		
Signature			
Printed Name	Maya Skubaich		
Date	October 14, 2005	Reg. No.	52,505

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On <u>October 14, 2005</u>	Application Number 10/645,863	Filed August 20, 2003
Signature <u>Jennifer Altman</u>	For System of Analyzing Complex Mixtures of Biological and Other Fluids to Identify Biological State Information	
Typed or printed name <u>Jennifer Altman</u>	Art Unit 1631	Examiner Eric S. Dejong
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>500.00</u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>23-2415</u> . I have enclosed a duplicate copy of this sheet.		
<input type="checkbox"/> Petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the		<u>Maya Skubatch</u> Signature
<input type="checkbox"/> applicant/inventor.		<u>Maya Skubatch</u> Typed or printed name
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		<u>(650) 849-3330</u> Telephone number
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>52,505</u>		<u>October 14, 2005</u> Date
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
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